

**City of Albany, New York**  
**RFP 2013-13 Employee Assistance Program (EAP) Services**  
**Questions and Answers**

- 1) Is there an existing EAP provider in place? If so, are they providing a superior level of service or are there service issues or problems you are unhappy with? **The City was happy with the existing EAP provider. Current contract expired.**
- 2) What has utilization of EAP services been; what is the percentage of utilization?
  - a. It would be helpful to see utilization reports for EAP and other services to analyze usage. **Approximately 96 initial telephone contact and approximately 500 phone calls and/or follow-ups per year including face to face visits. Please indicate how many face to face visits are covered per employee for the total cost bid pursuant to Section 6 of the RFP.**
- 3) In Section 4.1 Scope of Services, e) you list - Orientations, trainings, seminars, and wellness workshops for participants, supervisors, and management personnel
  - a. Please provide as much detail as possible about trainings, seminars, wellness workshops, etc. – how often are they provided – weekly, monthly?; what are the topics; how long are seminars; workshops, etc. etc.  
**The cost proposal shall include up to six (6) trainings per year on topics requested by the City.**
- 4) How many face to face sessions do you want quoted for your EAP. What is your current benefit? **Please see Section 6 of the RFP. There is no set number of face to face sessions that the City is seeking to be quoted for EAP. In Section 6 of the RFP, the City is seeking the following: “Please provide the fee “per full-time and part-time employee” for providing all of the services set forth in Section 4 of the RFP based on approximately 1,400 employees. Please also provide a “total not to exceed flat monthly fee” for providing all of the services referenced in Section 4 of the RFP for approximately 1400 full-time and part-time employees. The number of employees is subject to change, and will be reviewed every six (6) months. Clearly set forth in detail any and all additional expenses for which you expect to be reimbursed. The proposal must, however, provide a guarantee that no additional fees will be charged to the City of Albany without prior written consent by the City.” Please also refer to Section 8 of the RFP which states: “Proposals may include alternative matters or items not specified or requested in this RFP. However, all such alternatives matters or items must be listed separately from the proposal and the cost(s) thereof must be separate and itemized.”**
- 5) Are there any services or areas of improvement needed from an EAP you need that are not being met currently? **No.**
- 6) What was your utilization of face-to-face visits from last year? **Please see response to question number “2” above.**
- 7) Are there any limitations to the number of training hours you get per year? **See response to question “3” above.**
- 8) Are there any limitations to the number of Supervisory Trainings/Lunch N Learn Seminars? **Please see response to questions “3” and “4” above.**
- 9) Are there any limitations to the number of CISDs (Critical Incident Stress Debriefings)? **Please see response to questions “3” and “4” above.**
- 10) Currently are onsite services such as trainings, CISD's, Live N Learn seminars included in the PEPM rate or priced as a fee for service? **Trainings are included in the PEPM rate.**

- 11) What is the most important factor in choosing an EAP vendor? Price? Services offered?  
**Please see Section 7 of the RFP for evaluation criteria.**
- 12) Will there be finalist presentations? **Yes, if the City deems necessary.**
- 13) How many face-to-face sessions are provided in the current program? **Up to six (6) per employee.**
- 14) How many full-time employees do you have? **Approximately 1,400 full-time and part-time employees.**
- 15) How many part-time employees do you have? **Approximately 1,400 full-time and part-time employees.**
- 16) Do you want us to include work/life services (legal, financial, child/elder care, etc.) in the quote? **Please see response to question "4" above.**
- 17) Do you currently have on-site trauma response/CISD services included? **No.**  
If so, how many hours per year are included in the current program?
- 18) How many hours of on-site training/orientation are included in the current contract per year? How many of these hours are used per year? **Please see response to question "3" above.**
- 19) Please clarify "success of rehabilitation" in 4.1, b), v. **EAP provider will be responsible for follow-up to track completion of any recommended treatment.**
- 20) Does the City want Fitness for Duty assessments to be included as part of the EAP program? **No.**  
If so, how many assessments, on average, are conducted annually?
- 21) Do you have Department of Transportation (DOT) employees? If so, how many? **No.**
- 22) What is your current utilization and how is it calculated (e.g. are web hits, training attendance, etc. included in the rate)? **See response to question "2" above.**
- 23) Does the City now conduct any drug and alcohol testing, and if so does the current EAP also provide the requisite SAP services for those employees covered under the DOT/CDL requirements? **No.**

**Please Note:** For all other questions submitted but not referenced above, the City believes that sufficient relevant information has been provided to solicit proposals for the services requested in the RFP and no additional information will be provided.